



**TRAVEL CLUB
TRIP RESERVATION FORM**

TOUR _____ DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL _____

NAME FOR NAME TAG _____ / _____

TYPE OF ACCOMMODATIONS: SINGLE DOUBLE TRIPLE
 QUAD

SMOKING ROOM NON-SMOKING KING BED (IF AVAILABLE)

ROOMING WITH _____

EMERGENCY CONTACT: _____ PHONE _____

WILL YOU BE HAVING A BIRTHDAY OR ANNIVERSARY ON THIS TRIP? _____ BIRTHDAY _____ ANNIVERSARY _____ (#?) DATE _____

METHOD OF PAYMENT: CASH OR CHECK CREDIT CARD
PLEASE CHARGE \$ _____ PER PERSON FOR A TOTAL OF \$ _____
(Make checks payable to American Travel)

VISA; MASTERCARD; DISCOVER CARD; AMEX
CARD# _____ EXPIRATION DATE _____

SIGNATURE _____ DATE _____

Tammy Greer, Community Bank of Pickens County, 15 Sammy McGhee Blvd., Jasper, GA 30143 706-253-9600 (www.cbopc.com)

*** Please note that using your credit card on some tours will incur a 3.5% service fee, please check when using your credit card to see if this fee will apply. Credit cards not accepted on one day tours.*